


PROJECT APPLICATION

	City of Ankeny Stormwater Best Management Practices 2010/2011 Reimbursement Program
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Applicant/Property Owner	Email Address	Phone Number

Address	City	State	Zip Code

Proposed Best Management Practice (BMP):

- ☐ Rain Garden ☐ Rain Barrel (\$75 maximum) ☐ Other (describe) _____
- ☐ Bioretention Cell ☐ Native Planting Buffer/Swale _____

Please attach the following:

- | | |
|--|------------------------------------|
| 1. Maps and/or site plans showing the project location and area being treated with BMPs. | Enclosed? <input type="checkbox"/> |
| 2. Summary or description of the project. | <input type="checkbox"/> |
| 3. Cost summary and/or contractors estimate for the project. | <input type="checkbox"/> |
| 4. Anticipated project schedule and expected completion date. | <input type="checkbox"/> |

Estimated Amount of Project

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Amount requested (50% of cost, no more than \$1,000)

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The city of Ankeny requires access to your property for evaluation of this application and inspection of completed project.

- ☐ Yes, the city of Ankeny may have access to my property.

By signing this application, the applicant agrees that all information provided in this application and the accompanying documents is accurate and agrees to the conditions of this program.

Applicant/Property Owner Signature

Date

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City of Ankeny Approval

This section for city use only.

All documents enclosed <input type="checkbox"/>	Amount Requested	
Municipal Staff BMP approval <input type="checkbox"/>	Amount Approved	

Municipal Utilities Director Approval

Signature _____	Date _____
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